ATTORNEY'S	DOCKET	NO.	
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DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name:

I believe I am the original, first and sole inventor (if only one name is listed below) or
an original, first and joint inventor (if plural names are listed below) of the subject matter
which is claimed and for which a patent is sought on the invention entitled:

ACRYLIC ELASTOME	R AND ITS COM	POSITION	
the specification of which:			
<pre>[*] is attached hereto [] was filed on</pre>		as	
Application Serial		•	
and was amended on	(if applica	able)	
application in accordance with I hereby claim foreign p foreign application(s) for pate identified below any foreign ap date before that of the applica	to disclose inform Title 37, Code of priority benefits ant or inventor's eplication for pata ation on which pri	mation which is material to pa F Federal Regulations, \$1.56. under Title 35, United States certificate listed below and tent or inventor's certificate	tentability of this Code, \$119, of any have also a having a filing
PRIOR FOREIGN APPLICAT	:ION(S)	•	Priority Claimed
366339/1999 (Number)	JAPAN (Country)	24/December/1999 (Day/Month/Year Filed)	_ [*][] Yes No
I hereby claim the benef application(s) listed below and application is not disclosed in the first paragraph of Title 35 information material to patents \$1.56, which occurred between international filing date of the	i, insofar as the the prior United , United States C bility as defined the filing date o	i States application in the ma code, §112, I acknowledge the i in Title 37, Code of Federal	a claims of this anner provided by a duty to disclose L Regulations,
(Application Serial No.)	(Filing Date		pending, abandoned)
I hereby declare that al.	l statements made	herein of my own knowledge a	re true and that all

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under \$1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

As a named inventor, I hereby appoint John F. Hoffman, Regis. No. 26,280; Anthony Niewyk, Regis. No. 24,871; Kevin R. Erdman, Regis. No. 33,687; Michael D. Smith, Regis. No. 40,181; Michael S. Gzybowski, Regis. No. 32,816; Michael D. Schwartz, Regis, No. 44,326; Scott M. Lohnes, Regis. No. 45,451; Steven M. Hanley, Regis. No. P-46,756; Adam F. Cox, Regis. No. P-46,644; Arthur R. Whale, Regis. No. 18,778; Edward J. Prein, Regis. No. 37,212; Michael D. Beck, Regis. No. 32,722; Deborah R. Beck, Regis. No. 37,370; Jeffrey A. Michael, Regis. No. 37,394; Eric J. Groen, Regis. No. 32,230; Gerard T. Gallagher, Regis. No. 39,679; and Robert D. Null, Regis. No. 40,746; of BAKER & DANIELS, as attorney(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

SEND CORRESPONDENCE TO: DIRECT TELEPHONE CALLS TO: Michael S. Gzybowski Michael S. Gzybowski BAKER & DANIELS Telephone: 219-424-8000 111 East Wayne Street, Suite 800 Fort Wayne, IN 46802 Facsimile: 219-460-1700 Full name of sole or first inventor: ___ Iwao MORIYAMA Residence: Takahagi city, Tharaki, JAPAN Citizenship _____JAPAN ____ Post Office Address 36, Arakawa, Takahagi city, Ibaraki Inventor's Signature Court Marijonia Date 5/ Colotin /2000 Full name of second joint inventor: Jun OKABE Residence Kitaibaraki city, Ibaraki, JAPAN Citizenship JAPAN Post Office Address <u>2578, Kamisakurai, Nakagomachi, Kitaibaraki city, Ibarak</u>i Inventor's Signature Jun Okabe Date 25/Oct./2000 Full name of third joint inventor: Residence ______Citizenship _____ Post Office Address ___ Inventor's Signature ___ Full name of fourth joint inventor: _____Citizenship ____ Residence

Inventor's Signature _____ Date _

Post Office Address ____